



Atty. Dkt. No. 047711-0285

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Gray et al.

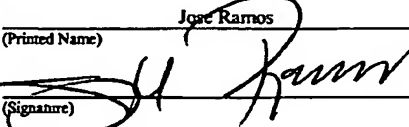
Title: INFUSION DEVICE AND
DRIVING MECHANISM FOR
SAME.

Appl. No.: 10/033,772

Filing Date: 10/27/2001

Examiner: Michael E. Hayes

Art Unit: 3763

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 420551887 US (Express Mail Label Number)	February 3, 2005 (Date of Deposit)
Jose Ramos (Printed Name)	
 (Signature)	

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated November 4, 2004, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 27 of this document.

Please amend the application as follows:

07/12/2005 LTHOMPS1 00000004 500872 10033772

01 FC:1201 400.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10033722

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	68	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	68 minus 20 =	* 48
INDEPENDENT CLAIMS	9 minus 3 =	* 6
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐OR
OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	864
X84=	504
+280=	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT 8	8-3-05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 77	Minus	** 77 =
Independent	* 13	Minus	*** 11 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	400
+280=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	7-1-05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 43	Minus	** 77 =
Independent	* 5	Minus	*** 11 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.